



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

AUG 29 2013

Mr. Edmund J. Abdo Jr., Executive Director  
Northeast Counseling Services  
130 West Washington Street  
Nanticoke, Pennsylvania 18634

RE: Conyngham Care Center  
63 South Hunter Highway, P.O. Box 473  
Drums, Pennsylvania 18222

Dear Mr. Abdo:

As a result of the Department of Public Welfare's licensing inspection on July 11, 2013, of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) must be maintained.

Your regular license for the period August 3, 2013 to August 3, 2014 was issued on April 29, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky", written over a horizontal line.

Ronald Melusky  
Director

Enclosure  
License Inspection Summary



Violation Report: 2217 - 07/11/2013 - Yellenic, Cindy  
 PCH Name: CONYNGHAM CARE CENTER

**1. REGULATION 55 Pa.Code §2600**

2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

**2a. DESCRIPTION OF VIOLATION**

Staff person A, date of hire was 12-28-2011, did not have a Cririminal Background Check done.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

Staff person A did, in fact, have a proper Criminal Background check, completed prior to hiring. Check was completed on 12-22-11, date of hire was 12-28-11. See Attachment A. Agency policy precludes hiring anyone prior to receipt of the document in question. In this instance, corporate Human Resources neglected to forward the document to the personal care home. With regard to future hires, Administrator will assure that all appropriate documentation is present prior to initiate's orientation process at the personal care home.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/05/2012		
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Signature of Legal Entity Representative  
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
JAMES J ACKIEWICZ	7-8-13

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 8/14/13  
 (Date)

The above plan of correction was approved by M  
 (Initials)

Plan of correction implementation status as of 8/14/13  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 2217 - 07/11/2013 - Yellenic, Cindy  
 PCH Name: CONYNGHAM CARE CENTER

**1. REGULATION 55 Pa.Code §2600**

2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

**2a. DESCRIPTION OF VIOLATION**

Staff person A, date of hire was 12-28-2011, does not have a Criminal Background Check in their file and has been on the work schedule for the last 19 months.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

Criminal Background Check for staff person A was, in fact, done in a timely manner (prior to hire). See Attachment A. A copy of the Staff A background check has been placed in her employee chart.

With regard to future hires, administrator will assure that all necessary documentation is present prior to initiating orientation process at the personal care home.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/05/2011		
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Signature of Legal Entity Representative  
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
JAMES SAKURWICZ	7-8-13

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 (Date)

The above plan of correction was approved by M  
 (Initials)

Plan of correction implementation status as of 8/14/13  
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Violation Report: 2217 - 07/11/2013 - Yellenic, Cindy  
 PCH Name: CONYNGHAM CARE CENTER

1. REGULATION 55 Pa.Code §2600  
 2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION  
 Direct Care Staff Person B did not have a record that the staff person had completed 12 hours of annual training in training year.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Staff person B's training hours have been completed to exceed the 12 required hours. Attachment B.  
 In relation to future training hours, each staff person will be afforded an Individual Training Plan to be utilized in conjunction with the PCH Annual training plan. Attachment C. Annual Training will run from July 1 to June 30.  
 Administrator will review training plan & individual training plans quarterly to assure compliance and facilitate needed training.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
James Sackiewicz	7-8-13

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Violation Report: 2217 - 07/11/2013 - Yellenic, Cindy  
 PCH Name: CONYNGHAM CARE CENTER

**1. REGULATION 55 Pa.Code §2600**  
 2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

**2a. DESCRIPTION OF VIOLATION**  
 2 bags of sausage links, a bag of sausage patties and a bag of French Fries were not labeled in the Frigidaire freezer located in the kitchen.  
 3 bags of meatballs and a package of sausage were not labeled in the Frigidaire stand up freezer located in the basement.  
 5 brown bags of unidentified food were not labeled in the Hotpoint freezer located in the basement.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

All food packages discovered during inspection were appropriately labeled during the inspection process. There was no "leftover" food involved, only bulk food packages which had been removed from their original cases. Staff has been re-trained on the home's food handling protocols & the additional reminder has been placed in all conspicuous food storage areas. Attachment D.

\* The administrator shall monitor for ongoing compliance.

*M*  
 8/14/13

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
JAMES JACKIEWICZ	7-8-13

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Violation Report: 2217 - 07/11/2013 - Yellenic, Cindy  
 PCH Name: CONYNGHAM CARE CENTER

1. REGULATION 55 Pa.Code §2600  
 2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION

Staff Person C, who is the Administrator, reported that at times a staff person working the shift will conduct a fire drill. During this time the staff person will activate the alarm and participate in the fire drill.


3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Beginning immediately, all fire drills at the home will be conducted by an administrator or staff person who is not working on the particular shift of the drill. Such person will activate the alarm & observe the drill and record the results appropriately.

Administrator or staff person to conduct drill will be selected at the beginning of each month & will be solely responsible for date, time, etc. of the exercise.

\* The administrator shall assure that monthly fire drills are unannounced and held monthly.

8/14/13  


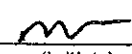
Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/05/2011
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Signature of Legal Entity Representative  
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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Violation Report: 2217 - 07/11/2013 - Yellenic, Cindy  
 PCH Name: CONYNGHAM CARE CENTER

**1. REGULATION 55 Pa.Code §2600**

2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

**2a. DESCRIPTION OF VIOLATION**

The most recent fire safety inspection and supervised fire drill conducted by a fire safety expert was completed on 6/27/12. The home did not complete a new inspection and supervised drill within the 12 month timeframe.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

Fire safety inspection & fire drill along with fire safety training was conducted on 7.26.13. Attachment E. This represented a thirteen-month period from the previous inspection & fire drill conducted by a fire safety expert. Future inspections/supervised drills will be scheduled, by contract, for the first month of the calendar year. Administrator will expedite contract.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/05/2011
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *James J. Krawiec*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) \_\_\_\_\_ Date *7-8-13*

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Violation Report: 2217 - 07/11/2013 - Yellenic, Cindy  
 PCH Name: CONYNGHAM CARE CENTER

**1. REGULATION 55 Pa.Code §2600**

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

**2a. DESCRIPTION OF VIOLATION**

The most recent letter from a fire safety expert designating extra time based on the physical construction of the home was dated 6/27/12. The home did not get a new letter within the 12 month timeframe.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

Fire Safety inspection conducted on 7-26-13 resulted in the letter which is attached as Attachment E.

Future inspections / supervised drills will be scheduled, by contract, for the first calendar month.

Administrator will expedite contract.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
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Printed Name and Title of Legal Entity Representative  
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JANOS JARZEWICZ

Date

7-8-13

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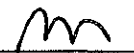
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Violation Report: 2217 - 07/11/2013 - Yellenic, Cindy  
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1. REGULATION 55 Pa.Code §2600  
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION

The most recent sleeping hour fire drill was conducted on 4/15/13 at 5:50am. The previous sleeping hour drill was conducted on 9/12/12 at 5:45am. The home did not complete the sleeping hour drill within the 6 month timeframe.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Administrator will review record of fire drills monthly to assure that the time frame (every 6 months) is followed precisely. The next sleeping hour drill will be conducted during October 2013 and will be conducted by the administrator or staff person selected for that month.

\* The administrator shall be responsible for ongoing compliance.

Mr  
8/14/13

Repeat Violation: No	Date(s) of Previous Violation(s):			
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